

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21287

BIRTH NO.		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>5815</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hawcreek</u> <u>D No</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles West of Versailles, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles West of Versailles, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lily</u>			b. (Middle) <u>May</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 8, 1869</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 12 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Alexander Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia A. Minar</u>		14. NAME OF HUSBAND OR WIFE <u>Richard M. Johnson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P. E. Hite</u>				ADDRESS <u>Versailles, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Cardiac Decompensation</u>						<u>30 hrs</u>	
ANTECEDENT CAUSES	DUE TO (b) <u>Auricular fibrillation</u>						<u>Intermittent 5 yrs</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>							<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Senility</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4200		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>44</u> , to <u>June 10, 1956</u> , that I last saw the deceased alive on <u>June 10, 1956</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. Washburn</u>				23b. ADDRESS <u>M.O. Versailles, Mo</u>		23c. DATE SIGNED <u>6/12/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 27-1956</u>		REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James R. Devine, Vrsailles, Mo.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James R. Scriver

Licensed Embalmer No.

4882

P. O. Address

Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.